

Harrisburg Human Relations Commission
Use only

Docket No. _____

EEOC No. _____

Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-4 FORM **GENERAL QUESTIONNAIRE**
Questionnaire on the incident you are complaining about.

Rev.10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

County _____ Telephone No. _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. Did you complain to management about the problem(s)? Identify the name and title of the person to whom you complained and describe what action was taken by management.

4. Has anyone else been treated as you were? Please list them and identify by Race, Sex, Age, etc

Name

Race, Sex, Age, etc.

4a. What happened to him or her? _____

5. Name other people who have been treated differently. Please list them and identify their Race, Sex, Age, etc.

Name

Race, Sex, Age, etc.

5a. What happened to him or her? _____

6. Because of the action taken against you, did you suffer any monetary loss or lose benefits. Please include any out-of-pocket expenses.

6a. What have you done to make up for the loss(es) or benefit(s) you have listed above?

7. Have you filed a complaint about this matter with any other commission or agency? If so, please specify the Commission or agency and the date you filed, to the best of your recollection.

Name of Agency or Commission _____

Date Filed _____

Docket No. _____

8. Have you taken any court action regarding this matter? If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____ Date Filed _____

City _____ County _____ State _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire (**Continuation Page**).

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S Section 4904, relating to unsworn falsification to authorities.

Signature _____ Date _____

Address _____

City, State and Zip Code _____ () _____
Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a guide for writing. There are no margins, text, or other markings on the paper.